DC # or Federal Reg #: _____

RON D. DeSANTIS, GOVERNOR, CHAIRMAN ASHLEY B. MOODY, ATTORNEY GENERAL JIMMY T. PATRONIS, JR., CHIEF FINANCIAL OFFICER WILTON SIMPSON, COMMISSIONER OF AGRICULTURE and CONSUMER SERVICES

Clemency Application

DIRECTIONS: All required court documents must be attached to this application. Please refer to the "Court Documents Section" below for a list of required court documents. Please print all information on the application clearly. Unreadable applications will be rejected.

RIGHT TO VOTE: The Voting Restoration Amendment restores voting rights to felony offenders, except those convicted of murder or a felony sexual offense, upon completion of all terms of sentence including parole or probation. A clemency application is not required for the restoration of voting rights pursuant to the voting restoration amendment.

For more information visit the Division of Elections at https://dos.fl.gov/elections/for-voters/voter-registration/felon-voting-rights/

Check box(es) for the type(s) of clement	y you are se	eking:		
Full Pardon (Includes Firearm Autho (Eligible to apply 10 years after com	-)	
Pardon Without Firearm Authority ((Eligible to apply 10 years after com		~	hts)	
Specific Authority to Own, Possess, (Eligible to apply 8 years after comp		=	rity Only)	
Restoration of Civil Rights (Right to (Eligible to apply after completion of	-	•		ligations)
Remission of Fine or Forfeiture (Eligible to apply after completion of	all terms of	sentence other than	n any legal financial ob	ligations)
PERSONAL IDENTIFIERS SECTIO	N			
DIRECTIONS: All applicable personal i	dentifiers m	nust be completed,	, or the application w	vill be rejected.
Name used when conviction(s) occur	red:			
Current Name:			Sex:	Male Female
Date of Birth:/ Rac				
U.S. Citizen? Yes No Alien Re	egistration N	lumber:		
Home Address:Street	City	County	State	 Zip
Mailing Address:	City	county	State	216
Street	City	County	State	Zip
Home Telephone #:	Telephone #: Cellular Telephone #:			
E-mail Address:	Driver License	Driver License Number:		
If previously incarcerated or placed o	n probation	for a state or fede	ral charge, list the	

CHARGES/CONVICTIONS SECTION	CHARGES	CONVICTIONS	SECTION
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DIRECTIONS: List each felony conviction for which you are seeking clemency. If you require more space, attacl a separate sheet of paper listing the additional convictions. Do not fill out a separate clemency application
form to list the additional information. If requesting clemency for a felony charge for adjudication of guilt withheld, or a misdemeanor conviction or charge, list the same information noted above.
1
2
3
4
Circle the court where you were last charged/convicted:
STATE OF FLORIDA FEDERAL OUT OF STATE or MILITARY
Date of completion for the last charge/conviction imposed:
COURT DOCUMENTS SECTION
DIRECTIONS: Section 940.04 of the Florida Statutes entitles you to obtain certified copies of various court documents from the applicable clerk of court free of charge. You MUST ATTACH TO THIS APPLICATION certified copies of court documents for EACH felony conviction, felony charge for adjudication of guilt withheld, or misdemeanor conviction or charge for which you are seeking clemency. The application will be rejected if the required court documents are not attached. Court documents include: 1. Certified copy of the charging instrument (indictment, information, or warrant with supporting affidavit) 2. Judgment and sentence that may include an order of community control or order of probation Note: If your court documents have been destroyed, you must have a letter from the Clerk of Court indicating this.
SIGNATURE (Applications Not Signed WILL NOT be accepted)
Applicant or Attorney Signature Date Applicant or Attorney (required)
YOU DO NOT NEED AN ATTORNEY FOR THIS PROCESS. However, if you have chosen to be represented by an attorney for the clemency process, please provide the attorney name, address, and phone number.

Attorney Name Address Telephone Number

If you are seeking a Commutation of Sentence, submit a "Request for Review" Form. The "Request for Review" Form can be obtained by contacting this office at the address listed at the bottom of this application.

Mailing Address: Office of Executive Clemency, 4070 Esplanade Way, Tallahassee, FL 32399-2450

Form ADM 1501 Updated 10/03/2024-JM